

GEMINI Sammelstiftung
c/o Avadis Vorsorge AG
Zollstrasse 42
Postfach
8031 Zürich

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Employer's notification of departure

Insured person's details

Employee benefits unit

Company

Fund type Pension fund Management scheme/supplementary fund

Insured person

Surname

First name

OASI number

Insurance number

Gender

Date of birth

Marital status

Address

Postcode and city

Termination of the employment relationship

The employment relationship will be terminated as of .

Is the departing person **unable to work**? No Yes, since:

Is the departure due to financial reasons? No Yes

Place / date

Company stamp and signature